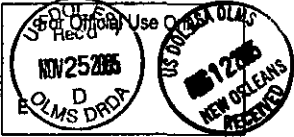


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

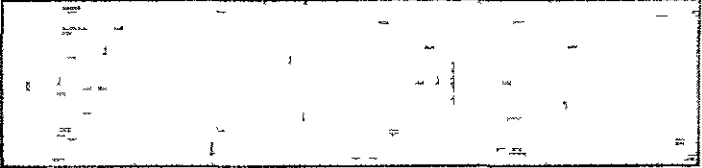
This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13422</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Clay</u> <u>J</u> <u>Leon III</u> P O Box Bldg Room No if any <u>IBEW Suite 300</u> Street <u>3200 Ridgelake Dr</u> City <u>Metairie</u> State <u>Louisiana</u> ZIP Code + 4 <u>70002-4960</u>	4 Name file number and address of labor organization Name <u>International Brotherhood Electrical Workers</u> Labor Organization File Number <u>035</u> <u>000 267</u> P O Box Building and Room Number if any <u>Ibew Suite 300</u> Street <u>3200 Ridgelake DR</u> City <u>Metairie</u> State <u>Louisiana</u> ZIP Code + 4 <u>70002-4960</u>
5 Position in labor organization <u>Organizer/ Treasurer/</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income  7 b Amount <div style="border: 1px solid black; width: 150px; float: right; text-align: right;">\$0</div>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>Clay J. Leon III</u>	On <u>8/10/05</u> Date	<u>504-831-1372</u> Telephone Number

Name of Person Filing Clay Leon III

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name New Orleans Electrical J A T C

Trade Name if any

P O Box Bldg Room No If any Suite 301

Street 3200 Ridgeland DR

City Metairie

State Louisiana ZIP Code + 4 70002-4960

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

IBEW is a settlor of the trust fund

11 b Approximate dollar value of such dealing

\$192 088

12 a Nature of interest held or income received

Voice Data Video Conference March 2004
Registration fee --\$440 00
Airfare Hotel Travel Expense--\$1399 31

12 b Amount

\$1 843

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

14 a Nature of payment13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**

\$0